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Bib Data Sheet

CONFIRMATION NO. 2512

|  |   |                                   |   |   |
|--|---|-----------------------------------|---|---|
| <b>SERIAL NUMBER</b><br>10/517,431   | <b>FILING OR 371(c) DATE</b><br>12/10/2004<br><b>RULE</b>   | <b>CLASS</b><br>381               | <b>GROUP ART UNIT</b><br>2644   | <b>ATTORNEY DOCKET NO.</b><br>0565-1004 |
| <b>APPLICANTS</b><br>Jacques Lewiner, Saint-Cloud, FRANCE;<br>Sylvain Charles Javelot, Paris, FRANCE;<br>Damien Georges Pierre Lebrun, Houilles, FRANCE;<br>Stephane Andre Roger Debusne, Montrouge, FRANCE;               |   |                                   |   |   |
| <b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/FR03/01694 06/06/2003  |   |                                   |   |   |
| <b>** FOREIGN APPLICATIONS *****</b><br>FRANCE 02/07110 06/10/2002   |   |                                   |   |   |
| <b>** SMALL ENTITY **</b>  |   |                                   |   |   |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance |   | <b>STATE OR COUNTRY</b><br>FRANCE | <b>SHEETS DRAWING</b><br>2  | <b>TOTAL CLAIMS</b><br>20               |
| Verified and Acknowledged<br>Examiner's Signature _____ Initials _____   |   |                                   |   | <b>INDEPENDENT CLAIMS</b><br>1          |
| <b>ADDRESS</b><br>00466  |   |                                   |   |   |
| <b>TITLE</b><br>P.A. system installation method  |   |                                   |   |   |
| <b>FILING FEE RECEIVED</b><br>450  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                   | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |   |